

SECRETARY OF STATE
STATE CAPITOL
500 E. CAPITOL AVE.
PIERRE, S.D. 57501
(605)773-4845
Fax (605)773-4550

APPLICATION FOR REINSTATEMENT COOPERATIVE

1. The name of the cooperative is _____
2. The date of its administrative dissolution _____
3. State that the ground or grounds for dissolution either did not exist, or have been eliminated by filing all required reports and paying all fees and penalties _____

Dated _____.

(Signature)

(Title)

STATE OF _____
COUNTY OF _____

I, _____, a notary public, do hereby certify that on this _____ day of _____, personally appeared before me _____ who, being by me first duly sworn, declared that he/she is the _____ of _____, that he/she signed the foregoing document as officer of the corporation, and the statements therein contained are true.

My Commission Expires

(Notary Public)

Notarial Seal

FILING FEE: \$125

Any cooperative administratively dissolved may apply to the secretary of state for reinstatement within 2 years after the effective date of dissolution.

Submit one original and one exact or conformed copy for filing and all delinquent annual reports, filing fees and penalties.

domesticcooperativeresintstatement July 2005